



NYS Office of Mental Health

Request for Proposals (RFP)

Project TEACH (Training and Education for the Advancement of Children's Health)

Regional Providers

May 27, 2015

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I. Introduction and Background

1.1 Purpose of the Request for Proposals

The New York State Office of Mental Health (OMH) is pleased to announce the availability of funds to continue and expand the work of Project TEACH (Training and Education for the Advancement of Children's Health). Project TEACH is a collaborative model that is committed to strengthening and supporting the ability of Primary Care Providers (PCPs) to provide mental health services to children, adolescents and their families. This statewide program is comprised of three interrelated services for primary care providers: access to child and adolescent psychiatric consultation, linkage with community-based services, and training. Access to consultation and collaboration with child and adolescent psychiatrists is a strategy that is supported by the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP), and the National Institute for Health Care Management.

In February 2014, an Advisory Committee was convened to provide guidance on the continuation and expansion of Project TEACH. Recommendations included the following:

- Increase Child Adolescent Psychiatry staffing for consultation;
- Expand consultation to adult psychiatrists and other prescribers who provide ongoing treatment to children;
- Provide a broader menu of training opportunities and develop a package of web-based trainings on core topics – Attention Deficit Hyperactivity Disorder (ADHD), anxiety, depression, and Bipolar Disorder/Aggression – that is available to all prescribers;
- Increase the number of targeted local trainings which also serves to increase the engagement of prescribers;
- Add specialty consultation for identified areas of need such as intellectual disabilities, substance abuse, and maternal depression.

This Project TEACH Regional Providers RFP, which incorporates the suggestions of the Project TEACH Advisory committee, is being offered in order to ensure that Project TEACH services continue to be available to all PCPs throughout the state.

For the Project TEACH Regional Providers RFP, OMH has delineated 3 regions that align with the Delivery System Reform Incentive Payment (DSRIP) program regions. OMH will make 3 awards, one for each region, for up to a combined total of \$2,500,000 annually for a total period of five (5) years.

A separate RFP, for a Project TEACH Statewide Coordination Center, will be issued on or about July 1, 2015, in order to provide statewide coordination and technical assistance for Project TEACH. OMH will make one award to provide the following: the development of a statewide Project TEACH website; marketing for Project TEACH; data collection and analysis; a needs assessment for specialty consultation and development of a delivery system for specialty consultation; provision of a variety of training options available throughout the state including web-based training, webinars and intensive in-person trainings; coordination of collaboration with prevention and early identification initiatives; coordination of evaluation of Project TEACH and technical assistance around reimbursement as well as developing new models for fiscal stability.

Please Note - Applicants who are submitting proposals for the Project TEACH Regional Providers RFP are **not** eligible to apply for the Project TEACH Statewide Coordination Center RFP. Applicants who are awarded regional contracts may be eligible to sub-contract with the Project TEACH Statewide Coordination Center to provide components of the training services described above.

The three regions, and the maximum amount of funding per region, are as follows:

Region 1 – Covers the DSRIP regions of Western NY, Finger Lakes, Central NY, Southern Tier, Tug Hill Seaway and includes the following counties: Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Cortland, Delaware, Erie, Genesee, Jefferson, Lewis, Livingston, Madison, Monroe, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Schuyler, Seneca, St. Lawrence, Steuben, Tioga, Tompkins, Wayne, Wyoming, and Yates.

Up to \$1,050,000 annually will be available for Region 1. Applicants must have a minimum of three sites in Region 1 in order to adequately provide all components of Project TEACH for this region.

Region 2 – Covers the DSRIP regions of North Country, Mohawk Valley, Capital Region, Mid-Hudson and includes the following counties: Albany, Clinton, Columbia, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Montgomery, Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schoharie, Schenectady, Sullivan, Ulster, Warren, Washington, and Westchester.

Up to \$700,000 annually will be available for Region 2. Applicants must have a minimum of two sites in Region 2 in order to adequately provide all components of Project TEACH in this region.

Region 3 – Covers the DSRIP regions of New York City and Long Island and includes the following counties: Queens, Kings, Bronx, New York, Richmond, Nassau, and Suffolk.

Up to \$750,000 annually will be available for Region 3. Applicants must have a minimum of two sites in Region 3 in order to adequately provide all components of Project TEACH for this region.

Applicants may apply to provide services in more than one region. Applicants must indicate in their applications which region(s) they are applying for and will only be awarded contracts for the region(s) that are checked on their application. **Applicants who are applying for multiple regions must provide a separate proposal including budget and budget narrative for each region.**

Only applicants whose proposals include all of the following will be considered for the award:

- the minimum number of sites for the region as specified above;
- provision of the three interrelated services: consultation, linkage and referral, and local, on-site training;
- collaboration with the Project TEACH Statewide Coordination Center, as outlined in sections 5.2 and 5.4.

Proposals supporting only a portion of the services designated in the RFP will not be selected.

1.2 Availability of the RFP

The RFP will be available on the [OMH website](#) and advertised through the New York State (NYS) Contract Reporter, and listed in the [New York State Grants Gateway system](#).[☞] An announcement regarding the RFP will also be emailed to New York State branches of the AAP and the AAFP, and to the Conference of Local Mental Hygiene Directors.

II. Proposal Submission

2.1 Letter of Intent

Agencies interested in responding to this RFP **must** submit a Letter of Intent to Bid to the OMH Central Office by June 9, 2015. The Letter shall be non-binding. Please include an email address in your Letter of Intent to Bid so that OMH can quickly acknowledge receiving it. Letter of Intent to Bid can be sent to:

Susan Penn
New York State Office of Mental Health
Contracts and Claims Unit, 7th Floor
44 Holland Avenue
Albany, NY 12229
Susan.Penn@omh.ny.gov

Proposals received from agencies who did not submit the mandatory letter of intent by the required due date **will not** be considered.

2.2 Issuing Officer/Designated Contact

OMH has assigned an Issuing Officer for this project. The Issuing Officer or a designee shall be the sole point of contact regarding the RFP from the date of issuance of the RFP until the issuance of the Notice of Conditional Award. An offerer/bidder is restricted from making contact with any other personnel of OMH regarding the RFP to avoid being deemed non responsible. Certain findings of non-responsibility can result in rejection for a contract award.

The Issuing Officer for this RFP is:
Susan Penn
New York State Office of Mental Health
Contract and Claims Unit, 7th Floor
44 Holland Avenue
Albany, NY 12229
Susan.Penn@omh.ny.gov

2.3 Key Events/Time Line

Event	Date
RFP Release	May 27, 2015
Mandatory Letter of Intent to Bid Deadline	June 9, 2015
Deadline for Submission of Questions	June 19, 2015
Questions and Answers Posted on OMH Website	June 26, 2015
Proposals Due	July 15, 2015
Notice of Conditional Award*	August 5, 2015
Contract Start Date*	January 1, 2016

* estimated dates

2.4 RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in writing by email to the Issuing Officer at Susan.Penn@omh.ny.gov or by fax at (518) 402-2529 by 5:00 PM on June 19, 2015. The questions and answers will be posted on the OMH website by 5:00 PM on June 26, 2015 and will be limited to addressing only those questions submitted by the deadline. No questions will be answered by telephone.

2.5 Addenda to Request for Proposals

In the event it becomes necessary to revise any part of the RFP prior to the scheduled submission date for proposals, an addendum will be posted on the OMH website and included in the NYS Contract Reporter. It is the bidder's responsibility to periodically review the OMH website and the NYS Contract Reporter to learn of revisions or addendums to this RFP. No other notification will be given.

2.6 Eligible Applicants

Eligible applicants include public and private nonprofit entities that have a background in child and adolescent mental health service delivery.

The applicant(s) must demonstrate knowledge and experience in each of the following areas: providing a consultation service for prescribers working with children and youth; providing referral and linkage to community-based services for children in need of specialty mental health treatment; and providing on-site trainings for prescribers working with primary care providers to increase their knowledge, skills and ability to integrate services within their practice for children with mild to moderate mental health problems. Further, the applicant(s) must show experience building relationships with the primary care providers in their region.

2.7 Disqualification Factors

Following the opening of bids, a preliminary review of all proposals will be conducted by the Issuing Officer or a designee to review each proposal's submission for completeness and verify that all eligibility criteria have been met. Proposals that do not meet basic participation standards will be disqualified, specifically:

- Proposals from applicants that do not submit the mandatory Letter of Intent by the required due date as indicated in Section 2.1;
- Proposals from applicants that do not meet the eligibility criteria as outlined in Section II, 2.6;
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in Section II, 2.9, by the proposal due date of 4:30 PM on July 15, 2015; or
- Proposals that do not comply with bid submission and/or required format instructions as specified in Section II, 2.8.

2.8 Instructions for Bid Submission and Required Format

Each proposal is required to contain:

1. Agency Transmittal Form;
2. Project Narrative
3. Complete Operating Budget and Budget Narrative for each year of the proposed contract period

The Operating Budget Form for Years 1-5 and the Budget Narrative Form (see Appendix B and B1) are separate documents that appear in the RFP section of the OMH website and can be downloaded in Excel or PDF format. Bidders must NOT substitute their own budget format. **Failure to use the provided Operating Budget and Budget Narrative formats will result in disqualification for non-responsiveness.**

Bidders must submit one complete, signed hard copy of the full proposal package and one (1) flash drive with your agency's name on it containing the proposal as **one document** (Word or PDF format) by mail, delivery service, or hand delivery to be received by **4:30 PM July 15, 2015**; each package must include the required proposal components cited above.

Bidders mailing proposals should allow a sufficient mail delivery period to ensure timely arrival of their proposals. Proposals cannot be submitted via email or fax. All proposals received after the due date and time cannot be accepted and will be returned unopened.

2.9 New York State Division of Budget Grants Gateway Registration and Prequalification Requirements

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which require not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for proposals to be evaluated. Information on these initiatives can be found on www.Grantsreform.ny.gov. 

Proposals received from eligible not-for-profit applicants who have not been Prequalified by the proposal due date of July 15, 2015 cannot be evaluated; therefore, such proposals will be disqualified from further consideration

2.10 Executive Order #38

Pursuant to [Executive Order #38](#),¹ dated January 18, 2012, OMH promulgated regulations regarding limits on administrative costs of and executive compensation paid by covered providers. See 14 NYCRR Part 513. Any contract awarded through this RFP will be subject to such restrictions and to related requirements. See Section VI, Appendix C of this RFP for a link to OMH Master Contract Forms and Instructions, Attachment A-1, Section A.12 (Mental Health Regulations). See also <http://executiveorder38.ny.gov/>.²

2.11 Equal Opportunities for Minorities and Women: Minority and Women Owned Business Enterprises

In accordance with Section 312 of the Executive Law and 5 NYCRR 143, it is expected that all contractors make a good-faith effort to utilize Minority and/or Women Owned Business Enterprises (M/WBE) when there is an opportunity to subcontract or purchase supplies to carry out a contract with the lead contracting agency.

2.12 Packaging of RFP Responses

See Section 2.9 for detailed requirements. Proposals should be sealed in an envelope or boxed and sent to:

Susan Penn
New York State Office of Mental Health
Contracts and Claims Unit, 7th Floor
44 Holland Avenue
Albany, NY 12229
Attn: RFP Project TEACH Regional Providers

III Administrative Information

3.1 Term of Contract

The term of the agreement shall be for 5 years, subject to available funding.

3.2 Reserved Rights

The Office of Mental Health reserves the right to:

- Withdraw the RFP at any time, at the agency's sole discretion;
- Make an award under the RFP in whole or in part;
- Disqualify a bidder whose conduct and/or proposal fails to conform to the requirements of the RFP;
- Seek clarifications and revisions of proposals;

- Use proposal information obtained through the State’s investigation of a bidder’s qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency’s request for clarifying information in the course of evaluation and/or selection under the RFP;
- Prior to bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
- Prior to bid opening, amend the RFP specifications to correct errors or oversight, supply additional information, or extend any of the scheduled dates or requirements and provide notification to potential bidders via the OMH website and the NYS Contract Reporter;
- Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective bidders;
- Waive any requirements that are not material;
- Negotiate with the successful bidder within the scope of the RFP in the best interests of the State;
- Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
- Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer’s proposal and/or to determine an offerer’s compliance with the requirements of the solicitation; and
- Cancel or modify contracts due to the insufficiency of appropriations.

3.3 Debriefing Process

The Office of Mental Health will issue award and non-award notifications to all bidders. Non- awarded bidders may request a debriefing in writing regarding the reasons that their own proposal was not selected and/or disqualified within 15 business days of the OMH dated letter. OMH will not offer ranking, statistical, or cost information of other proposals until after the NYS Office of the State Comptroller has approved all awards under this RFP. Debriefing requests must be made in writing (fax and e-mail is acceptable) and sent to the Designated Contact identified in Section II, 2.2 of this RFP.

3.4 Protests of Award Outcome

Protests of an award decision must be filed within twenty (20) business days after the date of the notice of non-award, or 5 business days from the date of a completed debriefing. The Commissioner or her designee will review the matter and issue a written decision within twenty (20) business days of receipt of protest.

All protests must be in writing and must clearly and fully state the legal and factual grounds for the protest and include all relevant documentation. The written documentation should clearly state reference to the RFP title and due date. Such protests must be submitted to:

Ann Marie T. Sullivan, M.D., Commissioner
 New York State Office of Mental Health
 44 Holland Avenue
 Albany, NY 12229

IV. Evaluation Factors for Awards

4.1 Method of Evaluation

Proposals from ineligible applicants (see Section II, 2.6) and disqualified proposals (see Section II, 2.7) will not be evaluated for an award.

The evaluation of proposals will be conducted in two parts: Technical Evaluation and Cost Assessment.

4.1.1 Technical Evaluation

A committee consisting of at least three technical evaluators will complete the Technical Evaluation. Each technical evaluator will independently review the technical portion of a proposal and compute a technical score. The technical evaluators proposal may then meet together to provide clarity or review any questions about a particular part of a proposal; following any such discussion, the evaluators may independently revise their original score in any part of the technical evaluation and will note changes on the evaluation sheet. Once completed, final technical evaluation scores will be calculated by each reviewer, and averaged to arrive at a Total Technical Score for each proposal. Proposals receiving a Total Technical Score of less than 60 will be eliminated from further consideration.

4.1.2 Cost Evaluation

Independent staff from the OMH budget office will evaluate the Cost Assessment. Bidders earn up to 20 points based on their score derived from the following formula:

Lowest cost bid received/bid being evaluated X 20 points = Total Cost Points Being Awarded.

If necessary to break a tie, the proposal with the highest score in the *Consultation* portion of the *Technical* component of the evaluation will be selected.

Scoring will be as follows:

Component	Maximum Points
Consultation	45
1. Experience	(15)
2. Design	(15)
3. Capacity to meet deliverables	(15)
Linkage and Referral	15
Training	15
Partnership for Promotion, Engagement and Evaluation	15
Total Technical Points	90
Cost Evaluation	20
Total Proposal Score	110

4.2 Agency Recommended Award and Notification Process

Proposals for each of the three regions will be rated and ranked separately by region in order of highest to lowest score. One award will be made to the applicant in each region with the highest rated and ranked proposal. At the conclusion of the procurement, notification will be sent to the successful and all non-successful bidders. The award is subject to successful budget negotiations between OMH and the conditionally awarded contract agencies, as well as approval by the NYS Attorney General and the Office of State Comptroller before an operating contract can be finalized.

OMH reserves the right to conduct a readiness review of the selected bidder prior to the execution of the contract. The purpose of this review is to verify that the bidder is able to comply with all participation standards and meets the conditions detailed in its proposal.

V. Scope of Work

5.1 Introduction

This RFP is issued to extend and expand the work of Project TEACH (Training and Education for the Advancement of Children's Health), a collaborative model committed to strengthening and supporting the ability of prescribers who work with children to provide mental health services to children, adolescents and their families.

Twenty percent of children in the United States suffer from mental illness severe enough to cause some level of impairment and half of all chronic mental illness begins by the age of 14, yet only one in five of these affected children and youth receive treatment from a mental health provider. Data from the Center for Disease Control (CDC) shows that approximately 13 percent of children ages 8 to 15 had a diagnosable mental disorder within the previous year. NYS has among the largest number of Child and Adolescent Psychiatrists of any state--but there is a significant disparity in distribution. Rural and underserved areas in NYS and elsewhere are particularly hard hit. 20% of 58 surveyed counties in NYS have no Child and Adolescent Psychiatrist. Another 15% have only one Child and Adolescent Psychiatrist (Kaye et al, 2009). Nearly all counties (53 of 58 surveyed) reported the need for additional Child and Adolescent Psychiatrists. (Kaye et al, 2009)

To meet the needs of children and support the role that Primary Care Providers (PCPs) play in identifying and treating the mild-moderate social emotional needs of children, OMH issued an initial Project TEACH RFP in 2009 to develop a statewide program that would provide three interrelated services to Pediatricians and Primary Care Physicians: access to child and adolescent psychiatric consultation, linkage with community-based services, and training. Two awards were made as a result of the 2009 RFP and Project TEACH began in March 2010.

Project TEACH has been supporting PCPs and the care they provide to children and families for five years. Since the start of the project through December 2014:

- 1888 Physicians enrolled in the program
- 83 Training sessions
- 5849 Phone consultations provided
- 991 Face-to-face evaluations provided

- 2067 calls for assistance with linkage and referral to behavioral health services

In April 2012, NYS OMH in collaboration with key stakeholders began an evaluation of Project TEACH. The report from this evaluation was presented to OMH in November 2013 and notes the following positive findings for the services provided to date:

- Improvement in trained PCPs perception of their ability to address mental health issues
- Increased ability in trained PCPs to initiate and select appropriate psychotropic medications and to adjust doses
- An increase in the identification of children diagnosed with mental/behavioral health issues post training
- A reduction in the utilization of psychiatric emergency services by children prescribed psychotropic medications post-training

It is clear that Project TEACH is an essential service for children and families in New York. Over the next five years, the Office of Mental Health seeks to continue this important work and to expand the service by: increasing the number of prescribers utilizing the consultation service; extending access to consultation and referral services to any prescribers working with children and youth; increasing the opportunities for training to primary care practices throughout the state; adding access to specialty consultation and linking with related prevention and early identification initiatives.

5.2 Objectives and Responsibilities

To successfully meet the goal of providing support for children with social emotional needs and supporting prescribers who work with children, applicants must include and address the following services for the region they are applying for:

- **Consultation Service** - This component provides timely access to child and adolescent psychiatric consultations to all pediatricians, family practitioners and other prescribers in primary care settings within the region. Additionally, it includes support to other prescribers who work with children by providing the opportunity for a second opinion to specialty care providers who are providing ongoing treatment to children, such as Child Adolescent Psychiatrists, General Psychiatrists and Psychiatric Nurse Practitioners. (Note - Project TEACH consultation services do not serve as a collaborating practice for Nurse Practitioners) The recipient(s) must have the ability to operate a support service capable of providing telephonic, face-to-face, and telepsychiatric consultations based on the needs of the child and family in conjunction with the prescriber's experience level and comfort.
- **Linkages and Referral Service** -This component is intended to assist families and primary care providers to access community mental health and support services (e.g., clinic treatment, case management, family support). In order to be successful, the referral service must be capable of linking providers and families with appropriate and accessible intervention, treatment, and support services. Staff providing referrals must be knowledgeable about both public and private systems of care that are available, dependent upon need, and taking into account client insurance and benefits. Staff should be knowledgeable about evidence based services for adolescents and young adults who are experiencing their first episode of psychosis. Staff should be knowledgeable about and work to build relationships with existing networks, prevention initiatives and supports such as Family Support Services.*

- **Training Service** - Providing education-based trainings to pediatricians and the primary care workforce enhances their competence, confidence and capacity to treat children with mild to moderate mental health problems in their practices. To increase accessibility and meet the scheduling needs of primary care providers, the training component must provide training opportunities that are on-site at primary care practices, or that are at a location convenient to the primary care practice. Initial training should cover “core” topics – ADHD, anxiety, depression, and Bipolar Disorder/Aggression with a trauma informed lens. Additional on-site training may cover specialty topics that reflect the concerns of local PCPs or the needs of the community. Trainings should facilitate primary care provider’s ability to co-manage the treatment of children and adolescents once they are stabilized and ready for discharge from higher levels of care.

It is expected that recipients will also promote and disseminate trainings that are developed or hosted by the Project TEACH Statewide Coordination Center such as intensive in-person trainings, and trainings available through the Project TEACH website. Regional providers will be expected to partner with the Project TEACH Statewide Coordination Center to be trained on key prevention and early identification resources and initiatives, such as Suicide Prevention Center of NY** and OnTrack NY*** and to disseminate this information in their regions.

In order to increase the use of Project TEACH services and to further develop the services provided, recipients will also be required to collaborate with the Project TEACH Statewide Coordination Center on the following activities:

- **Engagement** – It has been demonstrated that the success of a consultation program such as Project TEACH is dependent upon the relationships that are developed with the primary care providers in local communities. The recipients(s) must have the capability to develop a directory of all eligible providers within their region, continue relationships with providers who have actively participated in the program, provide outreach to rural and underserved communities, and establish a procedure for ongoing contact with providers who are not using the services regularly. The recipient must partner with the Project TEACH Statewide Coordination Center on activities to increase identification of providers and increase utilization of Project TEACH services.

** Family Support programs provide an array of services to support and empower families with children and adolescents having serious emotional disturbances. The goal of family support is to reduce family stress and enhance each family's ability to care for their child.*

*** [The Suicide Prevention Center of New York](#) (SPCNY) advances and supports state and local actions to reduce suicide attempts and suicides in New York State and to promote the recovery of persons affected by suicide.*

****[OnTrackNY](#) is an innovative, evidence-based team approach to providing recovery-oriented treatment to young people who have recently begun experiencing psychotic symptoms. These symptoms may include unusual thoughts and beliefs, disorganized thinking, or hallucinations such as hearing or seeing things that others don't. OnTrackNY helps young adults aged 16 to 30 with newly-emerged psychotic disorders achieve their goals for school, work, and relationships.*

- **Promotion** - The ability to clearly market a program aids in increasing awareness of its availability and services, decreases confusion and ensures that the service continues if there is a change in provider. To this end, the Project TEACH advisory committee has recommended that the marketing of Project TEACH be standardized. Marketing will be directed through the Project TEACH Statewide Coordination Center and will include the development of materials for a variety of audiences. Recipients will be required to use the “Project TEACH” name and to collaborate with OMH and the Project TEACH Statewide Coordination Center on promotion and marketing to primary care providers, other prescribers and to families.
- **Evaluation** –Child mental health and psychiatry access programs such as Project TEACH are promising interventions in mental health services for youth. Both internal evaluation of the program’s services and external evaluation of the program’s effectiveness are integral to improvement of the model to better meeting the mental health needs of children. The recipient(s) will be required to collaborate with OMH and the Project TEACH Statewide Coordination Center on evaluation of the project.

5.3 Reporting

The recipient(s) of this award is required to track and report data for each service component of the project (i.e., consultation, linkage, and training), and to participate in program evaluation. It is expected that the recipient(s) will use the reporting system developed by the Project TEACH Statewide Coordination Center to submit monthly reports by the fifteenth of the following month. The data elements that will be tracked monthly include but are not limited to the following:

1. Enrollment
 - a. Number and type of enrolled prescribers
2. Consultations
 - a. Total number of consultations and distribution across delivery methods (e.g. telephonic, electronic (e-mail), telepsychiatric, in-person);
 - b. Geographic locations of referrals by county;
 - c. Referring prescriber (e.g., pediatrician, family practitioner, nurse practitioner, psychiatrist);
 - d. Average length of time from referral call to consultation by program staff
 - e. Type of recommendations made by the psychiatrist.
3. Education and Training
 - a. Number of educational sessions/trainings held; their dates and locations
 - b. Number of physicians in attendance
 - c. The topics of the trainings and instructors
4. Linkage with community-based services
 - a. Total number of referrals made
 - b. Geographic location/distribution of referrals by county
 - c. Type of community-based support service linkage provided

The recipient must collaborate with the Project TEACH Statewide Coordination Center which will develop and administer satisfaction surveys to prescribers who are enrolled in Project TEACH.

OMH in conjunction with the Project TEACH Statewide Coordination Center will review the reported data to evaluate whether the program is meeting the expected deliverables and the efficacy of the program. The Project TEACH Statewide Coordination Center will facilitate sharing of information with key stakeholders such as the Project TEACH Advisory Committee, the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP) and the Conference of Local Mental Hygiene Directors (CLMHD) and will coordinate any scholarly activities and use of data for publication.

5.4 Requirements for Submission

Proposals submitted for funding under this RFP must include all of the following components in the following order. Proposals missing any of the required proposal components will not be considered. See Section II, 2.8 for additional information on proposal format and content.

A. Agency Transmittal Form

B. Project Narrative (no longer than a total of 25 pages, 12pt font with ½ inch margins, not including required attachments.)

When submitting proposals for funding under this RFP, the application must address all of the components listed below, in order, for the region being applied for, and describe in detail how your organization will address the expectations and targets for each component.

I. Consultation –

I.A Experience

1. State the applicant's previous and/or current experience providing consultation services service for prescribers working with children age 0-21 - including the consultation mode (e.g., telephonic, telepsychiatric, in-person), population served, geographic coverage areas, dates of operation, staffing, and any other funding source(s);
2. Describe the applicant's relationship within its broader community, rapport with primary care physicians, and previous or current affiliation with the key stakeholders in this initiative (AAP, AAFP, and CLMHD).

I.B Design

1. Identify the region that will be covered and the sites where the consultation service to cover that region will be based (see Section 1.1 for information on the minimum number of sites per region);
2. Describe how the applicant envisions the consultation model functioning including the following: the referral process and plan to **provide initial contact by phone**, operating hours for the service, ability to meet the scheduling needs of prescribers by providing access beyond the 9-5 workday, back-up;
3. Staffing plan – Describe plan to staff the service with a **minimum of .75 Full Time Equivalent (FTE) Child Adolescent Psychiatrist (CAP) per site**; identify the competencies, qualifications and board certification of the child and

adolescent psychiatrists providing the consultations, and the utilization of support staff (e.g., administrative or coordinative positions).

I.C Capacity to meet Consultation Deliverables–

1. Telephone Consultations

- a. Describe plan to offer phone consultations to prescribers working with children who request phone consultation. This includes not only primary care providers but also support for other prescribers who treat children such as the opportunity for a second opinion to Child Adolescent Psychiatrists and to Adult Psychiatrists working with children;
- b. **Describe specific plan and timeline to increase phone consultations over the course of the five year contract to a minimum 1280 phone consultations per CAP FTE per year** (5 consultations per day per CAP FTE for 48 weeks) **with a maximum average response time of 4 hours**;
- c. Describe plan to provide support to prescribers managing moderate – severe cases, when there is a delay in accessing care in behavioral health clinics.

2. Face-to-Face Evaluations

- a. Describe specific plan to provide face-to-face evaluation when a prescriber requests this service **and** when phone consultation indicates a need for face-to-face evaluation;
- b. **Describe specific plan and timeline to increase face-to-face consultations over the course of the five year contract to a minimum 84 consultations per CAP FTE per year** (.33 consultations per day per CAP FTE for 48 weeks) **with a maximum average turnaround of 7 days** – maximum average turnaround time of 14 days by the end of the contract;
- c. Describe plan to meet turnaround time of 48 hours between face-to-face evaluation and written report to prescriber;
- d. Indicate whether applicant plans to bill for in-person, face-to-face evaluations and how resulting revenues will be applied to the services of Project TEACH.
- e. Telepsychiatric Evaluations--Describe plan to offer telepsychiatric evaluations for patients in situations in which the family lives more than one hour from the consulting CAP **or** has limited access to transportation. The plan should include details about protocol at patient site, technology back-up plans, and the specific videoconferencing equipment to be provided and used in PCP offices and the CAP site. Applicants can find guidance in the [Telepsychiatry Standards Guidance](#) document.

3. Specialty Consultations

- a. Indicate agreement to collaborate with Project TEACH Statewide Coordination Center in Year 1 of this grant to assess needs for specialty consultation, such as consultation regarding developmental disorders, infant mental health;
- b. Indicate agreement to collaborate with Project TEACH Statewide Coordination Center in Years 2-5 of this grant to provide access for specialty consultations.

II. Linkages and Referrals –

- II.A Describe the applicant's experience developing and implementing treatment referral and linkage programs with community-based services. Include the applicant's experience working collaboratively with other treatment providers, and the agency's relationship within its broader community, particularly with the community-based mental healthcare system, family support services and with prevention and early identification initiatives;
- II.B Detail the applicant's operational plan, outlining how the process functions from beginning to end and plan for providing referral to both public and private systems of care, dependent upon need, and ability to take into account client insurance and benefits. Specify the operating hours for the service and back-up;
- II.C Staffing Plan – Describe plan to staff this component with a **minimum of 1 FTE**, identify the competencies and qualifications of the professional staff retained to provide this service, and the utilization of support staff (e.g., administrative or coordinative positions);
- II.D State the applicant's agreement to collaborate with the Project TEACH Statewide Coordination Center to build the regional team's expertise on first episode psychosis interventions, such as OnTrack NY, and to provide linkages for adolescents and young adults who are experiencing their first episode of psychosis;
- II.E State the applicant's agreement to collaborate with the Project TEACH Statewide Coordination Center to build the regional team's expertise on and to increase linkages to local resources such as Family Support services; and
- II.F Clarify how the applicant plans on to develop and utilize a partnership with the CLMHD to support the referral and linkage service.

III. Training –

- III.A Describe the applicant's experience developing and providing trainings focused on the identification and treatment of serious emotional and behavioral disturbances in children and adolescents;
- III.B Detail how the training will address “core topics” – ADHD, anxiety, depression, and Bipolar Disorder/Aggression with a trauma informed lens. Specify how trainings will meet the objective to facilitate primary care provider's ability to co-manage the treatment of children and adolescents once they are stabilized and ready for discharge from higher levels of care.;
- III.C Describe plan to meet the needs and schedules of prescribers and to increase the number of pediatricians and family care practitioners who have been trained in the core training by providing a **minimum of two sets of core trainings, by each site in the region**, that are either on-site at primary care practices or at a location convenient to the primary care practice;
- III.D Describe plan to promote and disseminate trainings that are developed or hosted by the Project TEACH Statewide Coordination Center.
- III.E State applicant's agreement to partner with the Project TEACH Statewide Coordination Center to be trained on key early identification resources and initiatives, such as OnTrack NY, and to disseminate and include this information in local trainings;
- III.F State the applicant's agreement to collaborate with the Project TEACH Statewide Coordination Center to build the regional team's expertise on prevention resources and support services, such as universal screening

- programs, suicide screening and prevention initiatives and Family Support services, and to disseminate and include this information in local trainings;
- III.G Describe the staffing plan, identifying the competencies and qualifications of the child adolescent psychiatrists providing the trainings (if different than staffing plan in I.A.4), and the utilization of support staff (e.g., administrative or coordinative positions); and
- III.H State whether the agency plans to offer Continuing Medical Education (CME) credits for participating physicians. If so, please state whether the agency is certified by the Accreditation Council of Continuing Medical Education (ACCME) to do so, or through what means the agency plans on making CME credits available.

IV. Partnership with Project TEACH Statewide Coordination Center

IV.A Engagement

1. Describe the applicant's experience developing relationships with local primary care providers and increasing their use of consultation services;
2. Discuss how applicant will collaborate with the Project TEACH Statewide Coordination Center to support development of a comprehensive directory of prescribers working within the recipient's region ;
3. Specify the recipient's plan to increase enrollment to a **minimum of 50% of Primary Care Providers/Family Practice Providers in the region**, as identified in the recipient's directory and by the Project TEACH Statewide Coordination Center , by the end of the five year grant;
4. Describe plan to continue relationships with providers who have actively participated in the program to date, provide aggressive outreach to rural and underserved communities and provide outreach to providers who are not using the services regularly.

IV.B Promotion

1. Describe the recipient's experience in promoting services to Primary Care Providers;
2. Describe plan to use promotional materials developed by the Project TEACH Statewide Coordination Center and state agreement to seek approval of OMH Office of Public Information prior to release of any Project TEACH promotional materials that are developed on a regional level. *

*The majority of promotional materials will be paid for through the budget of the Project TEACH Statewide Coordination Center. This should be considered when developing the budget for this component.

IV.C Evaluation

1. State the recipient's commitment to working with the Project TEACH Statewide Coordination Center to implement internal evaluation of the consultation, linkage and referral and training services;
2. State the recipient's commitment to work in conjunction with the Project TEACH Statewide Coordination Center and OMH to further evaluate Project TEACH;

3. State recipient's understanding that the Project TEACH Statewide Coordination Center will coordinate dissemination or presentation of data, evaluations, or scholarly reports and publications.

VI. Operating Budgets and Budget Narratives

You must use the required budget formats – the Operating Budget Form for Years 1-5 and the Budget Narrative Form ([Appendix B](#) and [B1](#)) – to develop your budgets and budget narratives. Do not substitute your own budget formats. The information provided will be utilized to complete the Financial Assessment (see Section IV, 4.2.2)

- Develop yearly Operating Budgets for Years 1-5.
- Complete Budget Narratives for all the detailed expense and revenue components that make up the total operating budget and include the calculation or logic that supports the budgeted value of each category.

VII. Appendices

[Appendix A](#) **Agency Transmittal Form**

[Appendix B](#) **Operating Budget Form for Years 1 through 5**

[Appendix B1](#) **Budget Narrative Form**

[Appendix C](#) The link to Appendix C forms and instructions is provided for informational purposes only. Do not complete and submit these forms with your proposal.